Work Order ID 69410

Tuesday, May 10, 2011 3:26:36 PM

Item ID: D3824-1KGY **Accept**

Revision ID:

Item Name: Hat Bin-Grey

Setup **Start** / **Stop**

Start Date: 5/10/2011 **Start Qty:** 1.00

Required Date: 5/16/2011 **Req'd Qty:** 1.00

Cust Item ID:

Customer:

Reference:

Run **Start** / **Stop**

Approvals: **Process Plan:** ______ **Date:** 11-05-10 **Tooling:** ______ **Date:** ______

QC: ______ **Date:** ______ **SPC (Y/N):** ______ **Date:** ______

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
100 HandThermo Hand Finishing Thermoforming	**Memo** 1-Cut Sheet to required Blank size	0.00 0.00							11/05/17
105 HandThermo Hand Finishing Thermoforming	Dry Material **Memo** Dry Sheet as per QSI022 KYDEX Temp: 150°F Time IN: 4:00 pm 11/05/16 Time OUT: 7:00 pm 11/05/17	0.00 0.00							11/05/17

Draw Nbr	Revision Nbr
D3824	Rev C

Dart Aerospace Ltd

W/O:	WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 69410

Tuesday, May 10, 2011 3:26:36 PM

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Start Date: 5/10/2011 **Start Qty:** 1.00
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Stop

Approvals: **Process Plan:** ________ **Date:** ________ **Tooling:** ________ **Date:** ________
QC: ________ **Date:** ________ **SPC (Y/N):** ________ **Date:** ________

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
Thermoform	**Memo**	0.00							DL
Thermoforming Machine	1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA033using tool DT9405 Dwg Rev: C Folio Rev: B								11/05/17
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
QC	**Memo**	0.00				x1	x1		DL
Quality Control	Visualjly inspect part for proper formation and texture								11/05/17 PTO →
130	QC8- Inspect parts - second check	0.00							
QC	**Memo**	0.00 D 11/05/18							
Quality Control									

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: D3824-1KGY PAR #: N/A Fault Category: Thermoformi NCR: (Yes) No DQA: [signature] Date: 11.05.20

11-6 [illegible] Resolution: Scrap Disposition: Scrap QA: N/C Closed: ____ Date: ____

NCR: 69410		WORK ORDER NON-CONFORMANCE (NCR) $432.34						
DATE	STEP	Description of NC Section A	Corrective Action Section B: Initial Chief Eng	Corrective Action Section B: Action Description Chief Eng	Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector
11/05/17	120	Surface burned on front flange. R.C. Process	[signature]	Scrap 1 part. Lower draw temperature and re-pull 1 part.	[signature] 11/05/17	[signature] 11.05.17	[signature]	[signature] 11/05/[illegible]

NOTE: Date & initial all entries

Work Order ID 69410

Tuesday, May 10, 2011 3:26:36 PM

Item ID: D3824-1KGY **Accept**

Revision ID:

Item Name: Hat Bin-Grey

Setup **Start** **Stop**

Start Date: 5/10/2011 **Start Qty:** 1.00

Required Date: 5/16/2011 **Req'd Qty:** 1.00

Cust Item ID:

Customer:

Reference:

Run **Start** **Stop**

Approvals: **Process Plan:** ______ **Date:** ______ **Tooling:** ______ **Date:** ______

QC: ______ **Date:** ______ **SPC (Y/N):** ______ **Date:** ______

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 HandThermo Hand Finishing Thermoforming	Memo 1-Trim to finished dimensions as per Dwg	0.00 0.00							DL 11/05/17
150 QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo Complete FAI document	0.00 0.00							DL 11/05/17
160 QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 S 11/05/18				(stamp)			

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
			Corrective Action Section B					
DATE	STEP	Description of NC Section A	Initial Chief Eng	Action Description Chief Eng	Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector

NOTE: Date & initial all entries

Work Order ID 69410

Tuesday, May 10, 2011 3:26:36 PM

Item ID: D3824-1KGY **Accept** **Setup** **Start**
Revision ID: **Stop**
Item Name: Hat Bin-Grey

Start Date: 5/10/2011 **Start Qty:** 1.00 **Cust Item ID:**
Required Date: 5/16/2011 **Req'd Qty:** 1.00 **Customer:**
Reference:

Run **Start**
Stop

Approvals: **Process Plan:** ______ **Date:** ______ **Tooling:** ______ **Date:** ______
QC: ______ **Date:** ______ **SPC (Y/N):** ______ **Date:** ______

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	Identify as per dwg & Stock Location:______	0.00							
Packaging	**Memo** PPP69408	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
QC	**Memo**	0.00							
Quality Control									

11-05-18

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W/O:	WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
			Corrective Action Section B					
DATE	**STEP**	**Description of NC** Section A	**Initial** Chief Eng	**Action Description** Chief Eng	**Sign & Date**	**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector

NOTE: Date & initial all entries

Picklist Print

Tuesday, May 10, 2011 3:26:42 PM

Work Order ID: 69410

Parent Item: D3824-1KGY

Parent Item Name: Hat Bin-Grey

Start Date: 5/10/2011 **Required Date:** 5/16/2011

Start Qty: 1.00 **Required Qty:** 1.00

Comments: IPP RevA: New issue DD verified by:EC
Add Step 105 Dry Material 10/04/21 DL

IPP Rev. B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MKYD6185S.125-P3-52068 Kydex steel grey		Purchased	No			100	sf	589.0800	11.41	11.41571			DL 11/05/17

Location	Loc Qty	Loc Code
therm	589.08	
111807	179.58	
111875	409.5	

22.831 41.59 DL

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W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: ____________________ **PAR #:** ______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
			Corrective Action Section B					
DATE	**STEP**	**Description of NC** Section A	**Initial** Chief Eng	**Action Description** Chief Eng	**Sign & Date**	**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector

NOTE: Date & initial all entries

DART AEROSPACE LTD	Work Order:	66410
Description: Hat Bin	**Part Number:**	D3824-1KIV/KGY
Inspection Dwg: D3824 **Rev:** C		**Page 1 of 1**

FIRST ARTICLE INSPECTION CHECKLIST

[X] **First Article** [ ] **Prototype**

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than N/A "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: [signature] **Date:** 11/05/17

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.43	+0.05/-0.00	0.465	✓		Ver DL-03	
48.5	Ref	48.5"	✓		TAPE DL-01	
34.1	Ref	34.1"	✓		TAPE DL-01	
41.6	Ref	41.6"	✓		TAPE DL-01	
3.5	Ref	3.5"	✓		TAPE DL-01	
0.055	Min	0.105"			CAL TH-07	

Measured by:	[signature]	**Date:**	11/05/17
Audited by:	[signature] 11/05/18	**Date:**	
Prototype Approval:	N/A	**Date:**	N/A

Rev	Date	Change	Revised by	Approved
A	09.06.26	New Issue	KJ [signature]	[signature]

Dart Aerospace Ltd

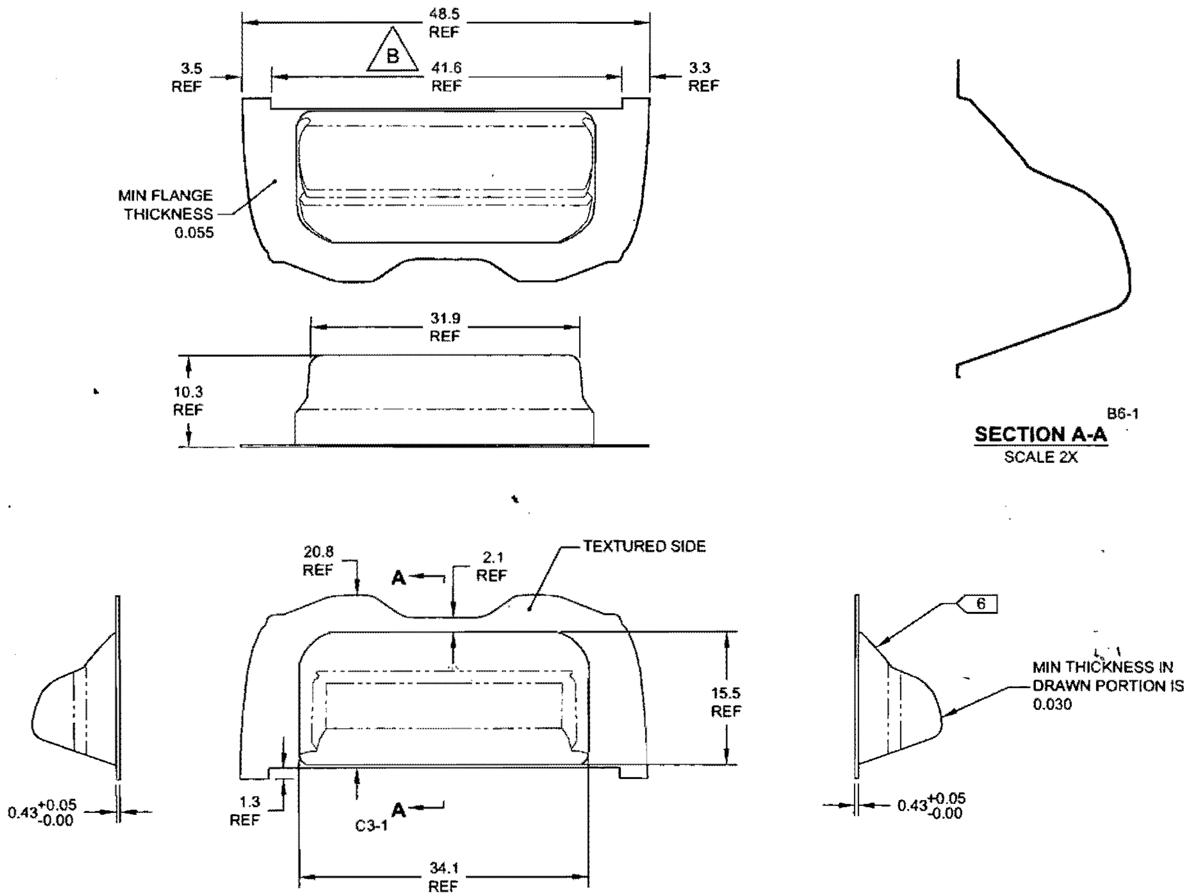
W/O:	WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ PAR #: ________ Fault Category: __________________ NCR: Yes No DQA: _____ Date: __________

Resolution: ____________________ Disposition: ____________________ QA: N/C Closed: __________ Date: __________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



D3824-1 HAT BIN
(BELL 206 A/B)

RELEASED

REV.	DESCRIPTION	BY	DATE
C	ADD STEEL GRAY COLOUR OPTION, ADD IVORY P/N'S D3824-1KIV, D3824-3KIV AND ADD STEEL GRAY P/N'S D3824-1KGY, D3824-3KGY (ZN A5-1, A5-2)	PH	09.05.05
B	0.125 THICK WAS 0.080 (ZN A7-1, A7-2) REASON: TO IMPROVE DURABILITY; MODIFY WIDTH TO ALLOW FOR BETTER FIT WITH A/C (ZN D6-1, D6-2)	PH	09.02.19
A	NEW ISSUE	PH	08.10.01

NOTES:
1) MATERIAL: SEE TABLE
2) FINISH: NONE
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: IDENTIFY WITH DART P/N (SEE TABLE) USING VIBRATING STYLUS
7) WEIGHT: 5.6 lbs
8) TOOLING: THERMOFORM PER MOLD DT9405 PER DART QSI 022. TRIM PER MOLD

	PART NUMBER	DESCRIPTION
C	D3824-1KIV	KYDEX 6185, 0.125 THICK, P3-VELOUR MATTE, IVORY #62015 (MKYD6185S.080-P3-62015)
C	D3824-1KGY	KYDEX 6185, 0.125 THICK, P3-VELOUR MATTE, STEEL GRAY #52068 (MKYD6185S.080-P3-52068)

DESIGN	PH	**DART AEROSPACE LTD** HAWKESBURY, ONTARIO, CANADA
DRAWN	PH	
CHECKED		DRAWING NO. D3824 — REV. C — SHEET 1 OF 2
MFG. APPR.		
APPROVED		TITLE HAT BIN (BELL 206 A/B) — SCALE NTS
DE APPR.		
DATE	09.05.05	

Dart Aerospace Ltd

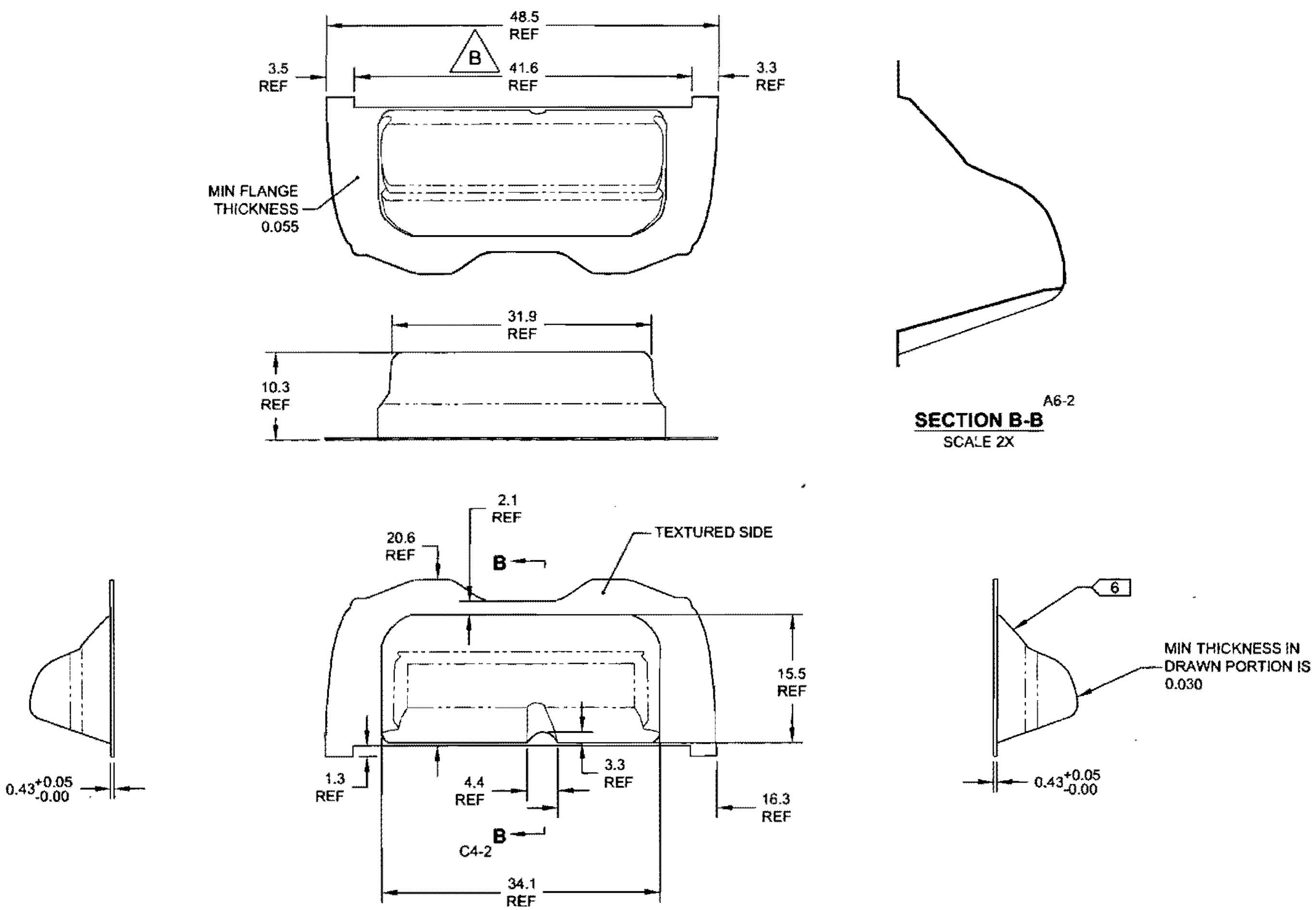
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ PAR #: _______ Fault Category: __________________ NCR: Yes No DQA: _____ Date: _________

Resolution: ____________________ Disposition: ____________________ QA: N/C Closed: __________ Date: _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



D3824-3 HAT BIN

(BELL 206 A/B, LITTER KIT COMPATIBLE)

RELEASED 09/05/22

NOTES:

1) MATERIAL: SEE TABLE
2) FINISH: NONE
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: IDENTIFY WITH DART P/N (SEE TABLE) USING VIBRATING STYLUS
7) WEIGHT: 5.6 lbs
8) TOOLING: THERMOFORM PER MOLD DT9448 PER DART QSI 022. TRIM PER MOLD

	PART NUMBER	DESCRIPTION
C	D3824-3KIV	KYDEX 6185, 0.125 THICK, P3-VELOUR MATTE, IVORY #62015 (MKYD6185S.080-P3-62015)
C	D3824-3KGY	KYDEX 6185, 0.125 THICK, P3-VELOUR MATTE, STEEL GRAY #52068 (MKYD6185S.080-P3-52068)

DESIGN		**DART AEROSPACE LTD** HAWKESBURY, ONTARIO, CANADA	
DRAWN			
CHECKED		DRAWING NO.	REV. C
MFG. APPR.		D3824	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		HAT BIN (BELL 206 A/B)	NTS
DATE	09.05.05		

Dart Aerospace Ltd

W/O:	WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries